

**SQUIRE  
SANDERS**

LEGAL  
COUNSEL  
WORLDWIDE

**SQUIRE, SANDERS & DEMPSEY L.L.P.**

One Maritime Plaza, Suite 300  
San Francisco, CA 94111-3492  
Office: +1.415.954.0200  
Fax: +1.415.393.9887

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DIRECT DIAL NO.: +1.415.954.0235

E-MAIL: kcastle@ssd.com

RE: Change of Correspondence Address  
U.S. Patent Application Serial No. 10/699,569  
Attorney Docket No. 85639.00004

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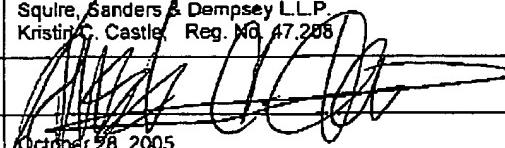
*(to be used for all correspondence after initial filing)*

<b>Application Number</b>		10/699,569	
<b>Filing Date</b>		October 30, 2003	
<b>First Named Inventor</b>		Robert Donald Villwock	
<b>Group Art Unit</b>		1714	
<b>Examiner Name</b>		Katarzyna I. Wyozebski Lee	
<b>Total Number of Pages in This Submission</b>	<b>2</b>	<b>Attorney Docket Number</b>	85639.4 (formerly. 1001-002-CIP)

**ENCLOSURES (check all that apply)**

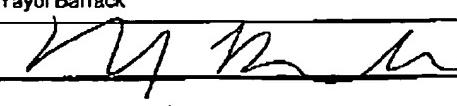
<input type="checkbox"/> Deposit Account 07-1650 Authorization <input type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time ( month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References <input type="checkbox"/> Express Mail Label No. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Statement Under 37 CFR 3.73(b) ( page)	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal _____ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (In duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address ( pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Change of Correspondence Address (1 page)
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<b>CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i></b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Application Number	10/699,569
	Filing Date	10/30/2003
	First Named Inventor	Robert Donald Villwock
	Art Unit	1714
	Examiner Name	Katarzyna I. Wyrozebski Lee
	Attorney Docket Number	85639.4 (formerly, 1001-002-CIP)

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- Attorney or agent of record. Registration Number 47,208.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

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Name **Kristin C. Castle, Reg. No. 47,208**

Date	October 28, 2005	Telephone	(415) 954-0235
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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